



TRICARE Pharmacy

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(CTSC)



TRICARE Overseas Program (TOP)

- TMA Website Assistance
- Filling a Prescription
 - TMOP
 - Over-the-Counter Supplies
 - Exclusions
- Covered Medications
 - Formulary Search Tool
- Prior Authorization




Welcome to TRICARE *Your Military Health Plan*

[Enter a Profile](#)

Search Entire Site

Search "Is It Covered?"

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Prescriptions

We strive to offer you a flexible, convenient and affordable pharmacy program that ensures you and your family receive top-of-the-line customer service and products.

Eligibility

If you're in DEERS, you're eligible. Find out more.

Filling Prescriptions

Learn how to get your prescriptions filled.

Medications

Is your medication covered?

Costs

Get information about costs.

Claims

Learn how and when to file prescription claims.

Other Health Insurance

Learn how your prescription drug coverage works when you have other health insurance.

Medicare Part D

Learn about Medicare's prescription drug program.



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In This Section:

Military Pharmacy

TRICARE Mail Order Pharmacy

- ✦ How to Register
- ✦ New Prescriptions
- ✦ Refills
- ✦ Convert Retail Prescriptions
- ✦ Controlled Substances
- ✦ Privacy

TRICARE Retail Network Pharmacy

- ✦ Convert to Home Delivery

Non-Network Pharmacy

Outside of the United States

Beneficiary Home > Prescriptions > Filling Prescriptions

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Filling Prescriptions

TRICARE offers several convenient ways for you to have prescriptions filled depending on your family's specific needs. You can have prescriptions filled at any of these pharmacies, based on your specific situation, and you can use more than one option at a time.

- **Military Pharmacy:** Least expensive option with no out-of-pocket costs
- **Mail Order Pharmacy:** Safe, convenient and the most cost-effective option when a military pharmacy is not available.
- **Network Pharmacy:** Fast and convenient...more than 54,000 network pharmacies in the United States and U.S. Territories
- **Non-Network Pharmacy:** Most expensive option

While each option is available worldwide, some may be limited outside of the United States. Learn more about **filling prescriptions outside of the United States**.

To have a prescription filled, you'll need a written prescription and a valid uniformed services **identification card**.

TRICARE Retail Pharmacy Program

Express Scripts, Inc.
1-866-DoD-TRRx (1-866-363-8779)
www.express-scripts.com/TRICARE

TRICARE Mail Order Pharmacy Program

Express Scripts, Inc.
Stateside: 1-866-DoD-TMOP (1-866-363-8667)
Overseas: 1-866-ASK-4PEC (1-866-275-4732)
www.express-scripts.com/TRICARE

Downloads

- [Managing Your Medications Brochure](#)
- [Retail Pharmacy Brochure](#)
- [Mail Order Pharmacy Brochure](#)



http://www.express-scripts.com/custom/dod/ben_message/

Go

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TRICARE Mail Order Pharmacy (TMOP) Program

Please Note: If you are covered by other health insurance (OHI) with a prescription drug benefit, you may not use TMOP unless the other plan does not cover the medication needed or you have exceeded the dollar limit of coverage under that other plan.

[Log On Now](#)

Order refills, track your orders and use other helpful services.

[Activate Your Online Account](#)

The activation process takes only a few minutes. When finished, you'll be able to:

- Order refills
- Check your order's status
- Download forms to fill new prescriptions
- View the details of your TMOP benefit
- Read drug and health information
- And more!

[Would You Like to Move Prescriptions From Your Retail Pharmacy to TMOP?](#)

We'll save you time and money by moving your retail prescriptions to TMOP.

[Frequently Asked Questions](#)

Get quick answers and information for active and deployed service members. You can also review details about TMOP coverage, find out how to use the mail order pharmacy and more.

[How to Order Without Using Your Online Account](#)

If you do not wish to activate your online account at this time, you can still mail

Mail Call!



Save 66% On Your Ongoing Prescriptions

Pharmacy - TMOP

Express-Scripts (ESI) manages the TRICARE Mail Order Pharmacy program

- www.Express-Scripts.com
- 1-866-DOD-TMOP (866-363-8667)
- ADSM – \$0 co-pay
- ADFM and/or Standard – \$3 (generic)/\$9 (name brand)/\$22 (non-formulary)
 - Cost is per prescription (RX) for up to a 90 day supply
- Members must register to use
- RX must be from a US licensed provider
- New RX must be submitted by mail or may be faxed from the providers office



Pharmacy - TMOP

- You can check the status of your claim with ESI by logging into their website or calling the number above
- ESI can fill a prescription for a controlled substance
 - Contact Express-Scripts for specific information
- Refrigerated medications can NOT be delivered to APO/FPO addresses
- Some medications have a quantity limitation
- Some supplies that may be considered over-the-counter may be covered through TMOP



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- ✚ [Beneficiary Advisory Panel](#)

Non-formulary Medications

- ✚ [Medical Necessity for Non-formulary Medications](#)

Generic Medications

Prior Authorization

- ✚ [Brand Name Medications](#)
- ✚ [Medications Identified by the Pharmacy and Therapeutics Committee](#)
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Quantity Limits

Injectable Medications

[Beneficiary Home](#) > [Prescriptions](#) > [Medications](#) > **Over the Counter Medications and Supplies**

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Over-the-Counter Medications and Supplies

The following over-the-counter products and supplies are available through the **retail pharmacy benefit** and/or the **mail-order pharmacy**.

Product	Retail Network Pharmacy Cost Share	Mail Order Pharmacy Cost Share	Comments
Insulin products	\$9.00	\$9.00	
Blood & urine glucose test strips	\$9.00	\$9.00	
Blood & urine ketone/ acetone test strips	\$9.00	\$9.00	
Syringes and needles used for injectable medications	\$9.00	\$9.00	
Lancets	\$9.00	See comments	Lancets are not available from the mail-order pharmacy unless you have a prescription for blood glucose test strips. For prescriptions dispensed through the mail-order program only, a supply of lancets will be automatically dispensed with prescriptions for blood glucose test strips; no additional cost sharement is

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www.express-scripts.com/TRICARE

Downloads

► [Managing Your Medications Brochure](#)

Related Web Sites

► [Formulary Search Tool](#)

Pharmacy - Exclusions

Exclusions

- Smoking cessation products
- Weight reduction products
- Food supplements
- Homeopathic & herbal preparations
- Multivitamins (except prenatal for OB patients)
- Drugs prescribed for cosmetic purposes
- Fluoride preparations
- Over-the-counter products (except insulin & diabetic supplies)



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Injectable Medications

Beneficiary Home > Prescriptions > **Medications**

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Medications

TRICARE covers most U.S. Food and Drug Administration (FDA)-approved prescription medications. Medications may be available as part of the pharmacy or medical benefit. In general, for a medication to be covered by the TRICARE **pharmacy** benefit, it must:

1. Be a prescription medication approved by the FDA;
2. Not be part of a procedure covered under the medical benefit; and
3. Be prescribed in accordance with good medical practice and established standards of quality.

Additionally, medications that are not medically or psychologically necessary for the diagnosis or treatment of a covered illness are not covered by TRICARE. A list of common medications that are not covered by TRICARE is provided in the **Medications Not Covered by TRICARE** section.

Details about individual medications, including medications covered by TRICARE's medical benefit, may be found by using the **Formulary Search Tool**.

TRICARE Retail Pharmacy Program

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Downloads

► **Managing Your Medications Brochure**

Related Web Sites

What if the drug I need was just approved by the Food and Drug Administration (FDA)?

Home Page

Information

OTCs-Supplies

Authorization

Limits

Drug Compare for the TRICARE Pharmacy Benefit

Formulary Resources

[TRICARE Pharmacy](#)

Select Your Medication or Condition

Check for availability, cost shares/copays, and alternatives.
Select who the medication is for, and then use one of the three options below.

This medication is for:

- ☐ Active duty personnel
☒ Spouse, dependent, or retired military personnel

List of top 200 drugs:

Acetaminophen w/Codeine
Aciphex
Actonel
Actos
Adderall XR
Advair Diskus

OR

Search for drugs by condition:

Acne
ADHD
Allergies, Seasonal
Alzheimers Disease
Arthritis (osteoarthritis)
Asthma

Search for drug by:


- ☒ Brand name
☐ Generic name

Enter all or partial drug name

Search

Search Tip: If you are not able to find your medication by brand name, switch the search type to generic.

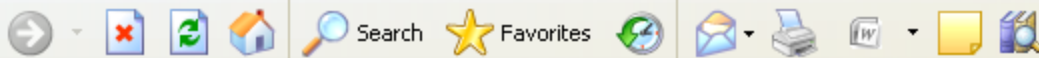
For supplies, [click here](#) for more information.

[TMA Pharmacy Home Page](#)[General Formulary Information](#)[Injectables-OTCs-Supplies](#)[Prior Authorization](#)[Quantity Limits](#)**Drug Compare for the TRICARE Pharmacy Benefit**[Printer-friendly version](#)[New Search](#)**Step 1: Select the medications you would like to compare:****DrugCompare™ for SYNVISIC**Spouse, dependent, or retired military personnel 

Select 	Medication	Type	Cost shares/Copays:			Notes
			Military Pharmacy (up to a 90-days supply)	TRICARE Mail Order Pharmacy (up to a 90-days supply)	Retail Network (up to a 30-days supply)	
<input type="checkbox"/>	SYNVISC DISP SYRIN	Brand	Check for availability*	Not available	Not available	This medication is not covered under the Pharmacy portion of the TRICARE benefit. However, this medication may be available in your healthcare provider's office or clinic or by working with your Managed Care Support Contractor .

* This medication is not on the Basic Core Formulary or Extended Core Formulary. Some military pharmacies may carry this medication. Please check with your local military pharmacy for availability.

Comments:



http://tricare.mil/mybenefit/home/Prescriptions/Medications/PriorAuthorization?



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Quantity Limits

Injectable Medications

[Beneficiary Home](#) > [Prescriptions](#) > [Medications](#) > **Prior Authorization**

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Prior Authorization

Your provider must obtain prior authorization for some prescription medications to be filled. There are three categories of medications that require prior authorization:

- **Brand name medications** with a generic equivalent
- Medications **identified** by the Department of Defense Pharmacy and Therapeutics Committee
- Medications with **age limitations**



Enrolled in the US Family Health Plan?

You are not eligible for TRICARE's pharmacy benefit. To learn about your prescription drug coverage, enter your **profile**.

Last Modified: March 20, 2008

TRICARE Retail Pharmacy Program

Express Scripts, Inc.
1-866-DoD-TRRx (1-866-363-8779)

www.express-scripts.com/TRICARE

TRICARE Mail Order Pharmacy Program

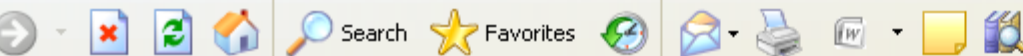
Express Scripts, Inc.
Stateside: 1-866-DoD-TMOP (1-866-363-8667)
Overseas: 1-866-ASK-4PEC (1-866-275-4732)

www.express-scripts.com/TRICARE

Downloads

- [Managing Your Medications Brochure](#)

Related Topics



://tricare.mil/mybenefit/home/Prescriptions/Medications/PriorAuthorization/MedsIdentPTComm?

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Medications Identified by the Pharmacy and Therapeutics Committee

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Medications Identified by the DoD P&T Committee

The Department of Defense Pharmacy and Therapeutics (DoD P&T) Committee established the prior authorization requirements for the following prescription medications.

Prior authorization forms may be used for prescriptions filled either through the **mail-order** or through **retail network pharmacies**. You do not need to submit multiple forms because prior authorization approvals apply to both the mail-order and retail network pharmacy options.

Instructions for submitting prior authorization requests are included at the top of the forms. *Adobe Acrobat is required to open these forms. Download the latest version **here**.

Contact Express Scripts, Inc. if you have additional questions.

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Related Topics

[► DoD P&T Committee](#)

Brand Name Click for prior authorization criteria	Generic Name	Forms Adobe Acrobat (PDF) Format	Notes
Aciphex	Rabeprazole	PDF	Step therapy applies - trial of omeprazole or Nexium

Newer Sedative Hypnotics Prior Authorization Request Form

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE Mail Order Pharmacy (TMOP) OR the TRICARE Retail Pharmacy Program (TRRx). Express Scripts is the TMOP and TRRx contractor for DoD.

PLEASE NOTE:

- NO prior authorization is required for zolpidem immediate release (Ambien).
- Prior authorization for Ambien CR, Lunesta, Rozerem, or Sonata is NOT required for patients who are currently receiving these medications (based on prescriptions filled during the last 6 months). You do NOT need to submit this form if the patient is currently receiving Ambien CR, Lunesta, Rozerem, or Sonata.

MAIL ORDER	IF the prescription is to be filled through the TRICARE Mail Order Pharmacy, check here <input type="checkbox"/>	RETAIL	IF the prescription is to be filled at a retail pharmacy under the TRICARE Retail Pharmacy Program, check here <input type="checkbox"/>
	<ul style="list-style-type: none">• The provider should complete the form, sign, and date• The provider may fax the completed form and the prescription to 1-877-895-1900 or 1-602-586-3911 (commercial) OR• The patient may attach the completed request form to the prescription and mail it to the TMOP at: Express Scripts, P.O. Box 52150, Phoenix, AZ 85072-9954		<p>To request prior authorization, the provider may call this number:</p> <ul style="list-style-type: none">• 1-866-684-4488OR• The provider may complete the form, sign, date, and fax to 1-866-684-4477

Prior authorization criteria and a copy of this form are available at: http://www.tricare.osd.mil/pharmacy/prior_auth.cfm.

Drug for which Prior Authorization is requested:

- ☐ Ambien CR (zolpidem ER)
- ☐ Lunesta (eszopiclone)
- ☐ Rozerem (ramelteon)
- ☐ Sonata (zaleplon)

Step 1 Please complete patient and physician information (Please Print)

1	Patient Name: _____	Physician Name: _____
	Address: _____	Address: _____
	Sponsor ID #: _____	Phone #: _____
		Secure Fax #: _____

Step 2 Please complete the clinical assessment

2	1. Has the patient received a trial of zolpidem immediate release (Ambien) and had an inadequate response?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Please sign and date	Proceed to Question 2
	2. Has the patient received a trial of zolpidem immediate release (Ambien), but was unable to tolerate it due to adverse effects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Please sign and date	Proceed to Question 3
	3. Is treatment with zolpidem immediate release (Ambien) contraindicated for this patient (e.g., due to hypersensitivity)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Please sign and date	Proceed to Question 4
	4. Is the medication being prescribed Rozerem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Proceed to Question 5	Coverage not approved
	5. Is Rozerem considered to be the most clinically suitable choice for this patient due to its apparent lack of abuse potential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Please sign and date	Coverage not approved

Step 3 I certify the above is true to the best of my knowledge.

Please sign and date:

Prescriber Signature

Date

Latest revision: July 2007



Pharmacy

Questions?

